

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/53289

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|----------------|----------|------------|------------------------|------|------------------------|------|-----|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
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| 7 | | / | | | | | 57 | | | | | | |
| 8 | | | / | | | | 58 | | | | | | |
| 9 | | | / | | | | 59 | | | | | | |
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| 11 | | | / | | | | 61 | | | | | | |
| 12 | | | / | | | | 62 | | | | | | |
| 13 | | | / | | | | 63 | | | | | | |
| 14 | | | | | | | 64 | | | | | | |
| 15 | | | | | | | 65 | | | | | | |
| 16 | | | | | | | 66 | | | | | | |
| 17 | | | | | | | 67 | | | | | | |
| 18 | | | | | | | 68 | | | | | | |
| 19 | | | | | | | 69 | | | | | | |
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| 21 | | | | | | | 71 | | | | | | |
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| 24 | | | | | | | 74 | | | | | | |
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| 26 | | | | | | | 76 | | | | | | |
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| 28 | | | | | | | 78 | | | | | | |
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| 33 | | | | | | | 83 | | | | | | |
| 34 | | | | | | | 84 | | | | | | |
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| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
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| 42 | | | | | | | 92 | | | | | | |
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| TOTAL SO. | / | | | | | | | | | | | | |
| TOTAL OCT. | 49 | < | | | | | | | | | | | |
| TOTAL CLAS. | 58 | ██████████ | | | | | | | | | | | |